

PRINTER RUSH

(PTO ASSISTANCE)

Application :	<u>10574961</u>	Examiner :	<u>Boesen</u>	GAU :	<u>1648</u>
From:	<u>J. Black</u>	Location:	<input checked="" type="checkbox"/> (IDC) FMF FDC	Date:	<u>9/15/08</u>
		Tracking #:	<u>eprint10574961</u>		Week Date: <u>9/15/08</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM		<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW/FWCLM		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input checked="" type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

NDA 9/15/08

[RUSH] MESSAGE:

Original claims 10, 24 and 27 depend on
canceled claim 2.

Please resolve.

[XRUSH] RESPONSE:

- Please change claim dependency in claim 10 from "as claimed in claim 1 or 2" to recite: "as claimed in claims 1 or 5".
- Please change claim dependency in claim 24 from "as claimed in claims 1 and 2" to recite: as claimed in claims 1 and 5.
- Please change claim dependency in claim 27 from "as claimed in claims 1 and 2" to recite: "as claimed in claims 1 and 5.

INITIALS: AB

EXAMINER: PUBS contacts -- for DESIGNS: Don Fairchild, 703-308-9250 x126; for ALL OTHER FILES: Bernadette Queen, 703-308-9250 x121

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.